

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: University of Kentucky

**Alternative Name(s) of Service Provider (including all names under which the
service provider is doing business):** UK, U of K

Address of Service Provider: 110 Administration Building, Lexington, Ky. 40506-
0032

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Robert S. Tannenbaum

**Full Address of Designated Agent to which Notification Should be Sent (a
P.O. Box or similar designation is not acceptable except where it is the only
address that can be used in the geographic location):**

University of Kentucky, 115 McVey Hall, Lexington, Ky 40506

Telephone Number of Designated Agent: (606) 257-2900 ext. 234

Facsimile Number of Designated Agent: (606) 323-1978

Email Address of Designated Agent: rst@pop.uky.edu

Signature of _____ Representative of the Designating Service Provider:

Date: 12-22-98

Typed or Printed Name and Title: Charles T. Wethington, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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